

Confirmation Report-Memory Send

Time : Sep-21-2004 12:06pm  
Tel line 1 : 2129183100  
Name : HOGAN & HARTSON LLP Rm 2507

Job number : 927  
Date : Sep-21 11:55am  
To : 99#581445#210740015#17037465557  
Document Pages : 042  
Start time : Sep-21 11:55am  
End time : Sep-21 12:06pm  
Pages sent : 042  
Status : OK

Job number : 927

\*\*\* SEND SUCCESSFUL \*\*\*

**HOGAN & HARTSON L.L.P.**

875 THIRD AVENUE  
NEW YORK, NY 10022

Tel: (212) 918-3000  
Fax: (212) 918-3100

**IMPORTANT NOTICE**  
**TELECOPY/FACSIMILE COVER LETTER**

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TO: Examiner Daniel Felten  
703-746-6657

DATE: 9/21/2004

FROM: Ira J. Schaefer/Pamela D. Howe

TIME: 11:18:41 AM

TOTAL NO. OF PAGES, INCLUDING COVER: 47 42

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**MESSAGE:**

Dear Mr. Felten:

Please see attached correspondence.

Sincerely,

Pamela D. Howe

**FOR INTERNAL PURPOSES ONLY**

TELECOPY/FAX NUMBER: \_\_\_\_\_  
CLIENT NUMBER: 21074.0015  
ATTORNEY BILLING NUMBER: \_\_\_\_\_  
CONFIRMATION NUMBER: \_\_\_\_\_

HOGAN & HARTSON L.L.

*Courtesy Copy*

875 THIRD AVENUE  
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**IMPORTANT NOTICE**  
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TO: Examiner Daniel Felten  
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DATE: 9/21/2004

FROM: Ira J. Schaefer/Pamela D. Howe

TIME: 11:18:41 AM

TOTAL NO. OF PAGES, INCLUDING COVER: At 42

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**MESSAGE:**

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Sincerely,

Pamela D. Howe

**FOR INTERNAL PURPOSES ONLY**

TELECOPY/FAX NUMBER: \_\_\_\_\_

CLIENT NUMBER: 21074.0015

ATTORNEY BILLING NUMBER: \_\_\_\_\_

CONFIRMATION NUMBER: \_\_\_\_\_

POSTCARD (To Be Filed With A Response)

Attorney Docket No. 21074-0015

PATENT APPLICATION FOR

"Internet Billing Method"

INVENTORS:

Andrew Egendorf

SERIAL NO.

09/975,839

FILING DATE:

10/1/01

DATE MAILED:

9/21/04

THE FOLLOWING HAS BEEN RECEIVED IN THE U.S.P.T.O. ON THE DATE STAMPED HEREON

☒ Certificate of Mailing (Express or Regular)

☐ New Application

☐ Missing Parts of Application Transmittal

Fees

☐ Declaration

☐ Combined Declaration/Power of Attorney

☐ Petition for Extension of Time

☐ Power of Attorney

☐ Small Entity Declaration

☐ Assignment + Fee \$

☐ Recording Transmittal

☐ Form PTO-1449 with References

☐ Information Disclosure Statement

☐ Request for Corrected Filing Receipt

☒ Amendment/Response

☐ Petition for Extension of Time, Fee \$ 55.00

☐ Amendment Transmittal

☐ Issue Fee Transmittal and Advance Order Fee \$

☐ Formal Drawings

☐ No. of Sheets

☐ Extension of Time Fee \$

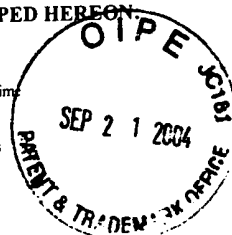
55.00

☒ Authorization to Charge Deposit Account

Amount

OTHER

Change of Correspondence address



291



**EXPRESS  
MAIL**

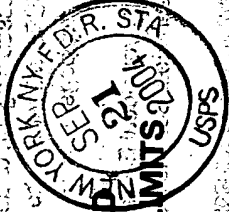
**POST OFFICE TO ADDRESSEE EHB36112677US**

UNITED STATES POSTAL SERVICE (Domestic Only) with delivery to be made without obtaining signature of addressee

ORIGIN (POSTAL USE ONLY)	
PO ZIP Code	Day of Delivery
Date in	Mo. Day Year
Time in	AM PM
Weight	lbs. ozs.
No Delivery	Weekend
Flat Rate Envelope	Postage
Return Receipt	Total Postage & Fees

CUSTOMER USE ONLY	
METHOD OF PAYMENT	
Express Mail Corporate Acct. No.	Federal Agency Acct. No. or Postal Sales Acct. No.
Acceptance Clerk Initials	
Int'l Alpha Country Code	
Military	
Holiday	

FROM: (PLEASE PRINT)	PHONE
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POST OFFICE TO ADDRESSEE EH836112677US

GIN (POSTAL USE ONLY)

ZIP Code	Day of Delivery <input type="checkbox"/> Next <input type="checkbox"/> Second	Flat Rate Envelope <input type="checkbox"/>
In	<input type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM	Postage \$
Day Year	<input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Return Receipt \$
In	Int'l Alpha Country Code	
AM <input type="checkbox"/> PM	Acceptance Clerk Initials	Total Postage & Fees \$
Weekend <input type="checkbox"/> Holiday		

DELIVERY (POSTAL USE ONLY)

Delivery Attempt	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day		
Delivery Attempt	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day		
Date of Delivery	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day		
Signature of Addressee or Agent		
X		
Name - Please Print		
X		

CUSTOMER USE ONLY

MODE OF PAYMENT:

Mail Corporate Acct. No.

Agency Acct. No. or Service Acct. No.

☐ WAIVER OF SIGNATURE (Domestic Only) I wish delivery to be made without obtaining signature of addressee or addressee's agent. If delivery employee judges that article can be left in secure location, and I authorize that delivery employee's signature constitutes valid proof of delivery.

☐ NO DELIVERY ☐ Weekend ☐ Holiday

Customer Signature

FROM: (PLEASE PRINT)

PHONE

(212) 918-6212

Flameka D. Howe  
Hogan & Hartson, L.L.P.  
875 Third Avenue  
New York, N.Y. 10022

TO: (PLEASE PRINT)

PHONE

(703) 308-4357

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

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